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WEST'S LECTURES,

TWENTY PAGES.

CLINICS.

Clinical Lecture on Paralysis.—Delivered
at King's College Hospital. By R. B. TODD,
M. D. (Continued from p. 104.)

The next case, gentlemen, is one of para-
lysis of the arm produced by a bandage im-
properly applied to a man who had suffered
fracture of the clavicle; and I hope that
from it you will not only learn an important
lesson in pathology—namely, that pressure
on a nerve is capable of producing paralysis
of the parts supplied by it, and likewise the
particular treatment which paralysis so pro-
duced requires; but I hope that you will
also deduce a moral from it,—that a surgeon
cannot be too careful in daily watching cases
that are under his care, and in noticing every
symptom which may indicate that his patient
is not progressing favourably; for had that
been done in the present instance, this man
would not have come to our hospital with
paralysis of his arm.

The patient who is the subject of this
case has been in the hospital before under
my care, for some pectoral complaint, when
a full report of his history—his former health

and habits, were taken; the notes made at
his admission for his present illness are,
therefore, rather brief: I will read them to
you:

“Timothy Sullivan, admitted in Rose
ward, November 18th. This patient is 23
years of age, a native of Cork; has lived in
London for about a year; in occupation, a
labourer. Last June he was admitted into
this hospital, suffering from pain in the side,
and cough; both these symptoms were re-
lieved, and he went out. Shortly after leav-
ing the house, his right clavicle was broken
by an old wall falling upon him. He went
to an hospital, and the ordinary figure-of-
eight bandage was applied. After a time,
the patient found that his right hand and
arm were numb; and soon after this he
noticed a great loss of power of the extensors
of the hand. Notwithstanding these symp-
toms, the bandage was allowed to remain,
and both the paralysis of sensation and mus-
cular motion have continued up to the pre-
sent time.

Nov. 19th—At present there are numb-
ness of the hand and arm, and entire loss of
power in the extensors of the hand, which

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is completely flexed when the arm is raised. All the muscles of the arm have less power than natural.

This case was treated with galvanism, and the patient left the hospital better, having gained some power of the extensors, and that of the flexors being nearly restored to their healthy state. It was some time, however, before the improvement became manifest. In the reports of the 22d and 26th of November, it is stated that no change had taken place, and he first began to mend on the 28th.

Paralysis produced by pressure on the axillary plexus of nerves is not of uncommon occurrence; I have seen some cases in which it was produced in the following way:—A man gets intoxicated, and falls asleep with his arm over the back of a chair; his sleep under the influence of his potations is so heavy, that he is not roused by any feelings of pain or uneasiness, and when at length he awakes, perhaps at the expiration of some hours, he finds the arm benumbed and paralyzed. It generally happens that the sensibility is restored after a short time, but the palsy of motion continues; galvanism should be employed in these cases, but if the pressure, which caused the paralysis, had been very long continued, these cases seldom come to a favourable termination. Nerve tissue is one which does not regenerate quickly or completely, so that any great or long continued lesion of its structure is likely to become a permanent condition.

I shall next call your attention to a case illustrative of another form of paralysis,—namely, hysterical paralysis.

The following is the report of the case:—Mary Leigh, æt. 42 years, was admitted into Lonsdale ward on October 28th: states that she is a native of London, where she has resided all her lifetime; she lived in occupation as a housemaid for twelve years, when she was married; has been a widow for seven years; had an attack of rheumatic fever when she was 15 years of age, and a second about nine years ago; three years since she had erysipelas in the left ankle; and twelve months back she suffered from typhus fever.

About six weeks ago she worked hard for several succeeding days, during which time she suffered from headache, and going to bed tired on a Saturday night, fell asleep almost immediately. About five o'clock on the following morning, she woke up with pain

and loss of power in the right arm. For this she applied to a druggist, who purged her and gave her a liniment for the arm. About three weeks after this, she became an out-patient at this hospital: took mineral and saline purgatives for a fortnight, when the leg also became affected like the arm, with pain and loss of power; she also suffered from pain in the head, and dimness of sight.

In this case the most important points to be remembered are these:—In the first place the invasion was very sudden, and occurred after hard work, and it was accompanied by no loss of sensibility, and no impairment of intellect. The face is quite free from paralysis; and this, considering the extent of the paralysis elsewhere, is a remarkable circumstance. I was at first, however, disposed to think that there was a small amount of facial paralysis; but I am now quite sure that that is not the case, and that what I took for palsy is nothing more than that want of symmetry on the opposite sides of her countenance, which the majority of people present. Examine the faces of a number of persons collected together, as I, with a numerous class before me, have now an opportunity of doing, and I will venture to say that, without any disparagement to the good expression of the countenance, you will find but few which exhibit perfect symmetry. The tongue, too, at first sight, appeared to be paralyzed; but we soon discovered that the obliquity in the direction in which the tongue was protruded was due to a cause which will be very apt to mislead you if you are not prepared for it, namely, an undue projection of two or more of the teeth in the lower jaw, which gave an oblique direction to the movement of the tongue.

Now in this case there is no evidence of brain disease; all the symptoms under which the patient labours may have occurred independently of disease of that organ. There was no injury, no suspension of intellect; the function of deglutition was unimpaired; there is no tongue or face paralysis; pain of the head there was, but this was not fixed in its position. All this militates against the idea that these symptoms were caused by any lesion of the brain. What, then, it will be asked, did cause them? We know that there are certain conditions of the system—*hysterical*—in which organic diseases are simulated by mere functional disturbance, and that even the gravest diseases are occa-

sionally imitated with great accuracy, and among these paralysis. Hysterical paralysis, however, generally affects only one limb, or a portion of one limb, as a joint or a finger. The case of Mary Leigh, which we have just been considering, I believe to be one of hysterical paralysis in its least common form, being far more general than usual, and nearly amounting to hemiplegia. Added to the negative evidence which I have already adduced, there is much positive evidence to show that the malady is an hysterical affection; the patient's physiognomy is hysterical, as well as her general constitution; the catamenia have been irregular; she has had decided globus hystericus, and is in the habit of voiding large quantities of very pale urine of low specific gravity. Again, the great extent of the paralysis in the limbs, and the total absence of it in the face and tongue, are certainly evidence in favour of its hysterical character; for although hysterical paralysis occurs in all parts of the trunk and extremities, it very rarely, if ever, attacks the face. But I would particularly call your attention to the peculiar character of the movement of the paralyzed leg when the patient walks, which, in my opinion, is quite pathognomonic of the hysterical affection. If you look at a person labouring under ordinary hemiplegia from some organic lesion of the brain, when he walks you will see that he uses a particular gait to bring forward the palsied leg: he first throws the trunk to the opposite side, and rests its entire weight on the sound limb; and then, by an action of circumduction, he throws forward the paralyzed leg, making the foot describe an arc of a circle. Our patient, however, does not walk in this way; she drags the palsied limb after her, as if it were a piece of inanimate matter, and uses no act of circumduction, nor efforts of any kind to lift it from the ground; the foot sweeps the ground as she walks. This I believe to be characteristic of the hysterical form of paralysis.

Were I to enter into the pathology of this case at full length, I should have to discuss the whole subject of hysteria, which alone would occupy more than one lecture to do it justice; I must at present content myself by stating, that I believe hysterical paralysis is caused by a depraved nutrition of the nerves of the limb affected, or of some part of the centre of volition. Moral causes no doubt exercise an important influence in the

production of this state, and the power of the will becomes impaired; but that a depraved state of general nutrition, which tells chiefly upon the nervous system, or upon parts of it, is at the foundation of the malady, I think no one can doubt who considers fairly its natural history.

In the treatment of these affections you must direct your attention chiefly to the improvement of the general constitutional state of your patient, by diet, by good air and exercise when they can be obtained, by cold bathing and improving the condition of the skin, by the use of such vegetable or mineral tonics as may be suitable to her digestive organs, and by regulating the action of the bowels, and promoting the renal, uterine, and other excretions. Many cases are perfectly curable by these means only: and all cases should be treated in this way at first. The mind should be diverted as much as possible from the paralyzed limb or part, and its exercise, by indirect means, promoted as much as possible.

If these means fail, then local treatment may be had recourse to. And for this purpose galvanism is, I think, very useful: it must be employed gently, so as not to alarm the patient, and its intensity may be gradually increased and varied, according to circumstances. The galvanic trough may be used at first, and afterwards the coil machine, which, however, admits of easy variations of intensity, from shocks scarcely to be felt up to those of such intensity as to be beyond endurance. Such violent shocks you will not, of course, have recourse to; their influence extends beyond the affected parts, and is calculated to disturb the healthy action of the nervous centres. Mild shocks applied for short periods, two or three times in the day, varying the direction of the current, allowing it to pass at one time from centre to circumference (direct), and at another time from circumference to centre; this mode of applying electricity you will find most successful in restoring the healthy action of the paralyzed parts.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

American Medical Association.—By desire of the committee of arrangement, the Secretaries of the American Medical Association request that all societies and other

institutions, authorized to appoint delegates, send correct lists of those chosen to attend the *next annual meeting*, to Dr. HENRY J. BOWDITCH, Boston, on or before the 1st of April, 1849.

We would invite attention to this request, as a compliance with it will greatly facilitate the organization of the Association.

We take this opportunity to remind the Members of the Association of the resolution adopted in Baltimore, directing that a copy of the Transactions should be sent to such members only as shall have paid the annual assessment for the present year (three dollars). Those members paying to the Treasurer five dollars are entitled to three copies.

Medical Societies which have been represented in the Association will be furnished copies on the same terms as members (viz., three copies for five dollars) on remitting the amount to the Treasurer.

To other persons the Transactions will be furnished at the rate of two dollars per copy in paper covers, done up for mail, or two dollars and fifty cents in embossed cloth, on remitting the amount direct to Messrs. Lea & Blanchard, Philadelphia. Or orders left with booksellers will be executed by Messrs. Lea & Blanchard.

Editors of Medical Journals will aid the objects of the Association by announcing the above information in their pages.

Geneva Medical College.—The annual lecture term commenced on the 1st Tuesday in October. The class is said to number 52.

Memphis Medical College.—Dr. BOLING, of Montgomery, the author of an admirable paper on fever, lately published in the *American Journal of the Medical Sciences*, has been appointed to the chair of Materia Medica and Therapeutics in this school. This is a fortunate accession to the school, as is also that of Dr. GARDNER, recently elected to the chair of Chemistry.

Convention of Western Medical Schools.—The able editor of the *Ohio Medical and Surgical Journal* states that he "believes that the Medical Schools of the West are entirely willing to enter into the great progressive movement which is visible in our profession, and that only a mutual understanding is necessary to induce them to conform heartily to the measures proposed by

the National Medical Association. That association hereafter, is to be the great exponent of medical public opinion, and will be as powerful as though it could wield the strong arm of the law. This is right. We rejoice to see our hitherto discordant elements combining and assuming a definite form and proportion. The schools cannot long resist the influence of this public opinion if they would, and ought not, if they could. It is very desirable for the good of all, that there should be, as far as possible, an uniformity of action among the schools. One waits for another, and few will act if all do not."

He therefore formally proposes on behalf of the Faculty of the Starling Medical College, that the Medical Colleges in western New York, Ohio, Indiana, Illinois, Iowa, Missouri, Michigan, and Kentucky, do send delegates to a Convention to be held in the City of Cincinnati on the last Tuesday in April next, or elsewhere, and at a different time as may be deemed expedient.

Obituary Record.—Died, at Boston, on the 12th of Nov. last, ENOCH HALE, M. D., aged 58. Dr. Hale was one of the most eminent physicians of Boston. He was the author of several valuable works and dissertations, and was for many years, and we believe up to the period of his death, one of the physicians to the Massachusetts General Hospital.

FOREIGN INTELLIGENCE.

Preparation of Collodion, or Solution of Gun-cotton as an adhesive material for Surgical purposes.—M. MALGAIGNE has recently communicated to the French medical journals some remarks on the preparation of gun-cotton for surgical purposes. Several French chemists, at the suggestion of M. Malgaigne, attempted to make an ethereal solution of this compound by pursuing the process recommended by Mr. Maynard in the *American Journal of Medical Sciences*; but they failed in procuring the cotton in a state in which it could be dissolved by ether. It appears that these experimentalists had employed a mixture of nitric and sulphuric acids; but M. Mialhe ascertained, after many trials, that the collodion, in a state fitted for solution, was much more easily procured by using a mixture of nitrate of potash and sulphuric acid.

For the information of our readers who

may be disposed to try this new adhesive material, we here give a description of M. Mialhe's process for its preparation. It appears, from the results obtained by this chemist, that cotton, in its most explosive form, is not the best fitted for making the ethereal solution:—

	Parts by weight.
Finely powdered nitrate of potash	40
Concentrated sulphuric acid*	60
Carded cotton	2

Mix the nitre with the sulphuric acid in a porcelain vessel, then add the cotton, and agitate the mass for *three minutes* by the aid of two glass rods. Wash the cotton, without first pressing it, in a large quantity of water, and, when all acidity is removed (indicated by litmus paper), press it firmly in a cloth. Pull it out into a loose mass, and dry it in a stove at a moderate heat.

The compound thus obtained is not pure fulminating cotton: it always retains a small quantity of sulphuric acid, is less inflammable than gun-cotton, and it leaves a carbonaceous residue after explosion. It has, however, in a remarkable degree, the property of solubility in ether, especially when mixed with a little alcohol, and it forms therewith a very adhesive solution, to which the name of *Collodion* has been applied.

Preparation of Collodion.

	Parts by weight.
Prepared cotton	8
Rectified sulphuric ether	125
Rectified alcohol	8

Put the cotton with the ether into a well-stopped bottle, and shake the mixture for some minutes. Then add the alcohol by degrees, and continue to shake until the whole of the liquid acquires a syrupy consistency. It may be then passed through a cloth, the residue strongly pressed, and the liquid kept in a well-secured bottle.

Collodion thus prepared possesses remarkably adhesive properties. A piece of linen or cotton cloth covered with it, and made to adhere by evaporation to the palm of the hand, will support, after a few minutes, without giving way, a weight of from twenty to thirty pounds. Its adhesive power is so great, that the cloth will commonly be

* The common commercial acid will answer. When very weak, a longer immersion of the cotton is required.

torn before it gives way. The collodion cannot be regarded as a perfect solution of the cotton. It contains, suspended and floating in it, a quantity of the vegetable fibre which has escaped the solvent action of the ether. The liquid portion may be separated from these fibres by a filter, but it is doubtful whether this is an advantage. In the evaporation of the liquid, these undissolved fibres, by felting with each other, appear to give a greater degree of tenacity and resistance to the dried mass.

In the preparation of collodion it is indispensable to avoid the presence of *water*, as this renders it less adhesive: hence the ether, as well as the alcohol, should be pure and rectified. The parts to which the collodion is applied should be first thoroughly dried, and no water allowed to come in contact with them until all the ether is evaporated.—*Ibid.*

—
Treatment of Tubercular Phthisis by Tincture of Digitalis in large doses, with a Fatal Result.—M. FORGET, of Strasbourg, was induced by the report in one of the journals of two cases of asserted tubercular phthisis, stated to have been cured by increasing doses of tincture of digitalis, commencing with twenty and increasing to two hundred and two hundred and forty drops, to adopt that treatment in a case under his care. He commenced with fifteen drops of the tincture every two hours, and increased the dose every succeeding day, until he reached one hundred drops. Whilst taking this dose the patient was attacked with vomiting, followed by convulsions, in one of which he unexpectedly expired.—*Gaz. des Hôpitaux*, Sept. 26, 1848.

—
Quinine in Puerperal Fever.—M. LUDET, in *L'Union Médicale* states, that in three different epidemics at Rouen, quinine given in doses of 5 grains three times a day, and commenced shortly after delivery, appeared to exert a protective power. On the third day, the dose was diminished, and discontinued on the sixth day. In epidemics, when the disease commences immediately after delivery, the medicine should be given without delay on the commencement of labour.

—
Treatment of Cholera by Terchloride of Carbon.—At a meeting of the Medical Society of Berlin, on the 4th of September last,

Dr. C. Hoffmann, medical officer to one of the cholera dispensaries, came forward to give an account of the results of his practice. He mentioned that he had found the carbottchloride of carbon particularly beneficial in the dose of five grains in the acute stage. He added, however, that the remedy remained generally powerless, if after the first dose a very evident improvement, as a reappearance of the pulse, return of heat to the surface, were not at once visible. If the stomach rejected the drug, it was to be immediately repeated. In favourable cases, the remedy is to be discontinued as soon as reaction appears, and a very rapid convalescence generally followed, particularly with women. From the very beginning of the attack, cold affusions and compresses were applied to the head of the patient!—*Lancet*.

Extract of Cannabis Indica in Cholera.—Dr. WILLEMIN, sanatory physician at Cairo, in a communication to the French Academy of Medicine, states that he has obtained the most satisfactory results from the use of the extract of Cannabis Indica in cholera. The drug was exhibited in the form of a tincture or alcoholic solution, containing one grain to 10 drops; the doses varied from 12 to 30 drops. M. Willemin, himself, was attacked with cholera, and was in a state of complete cyanosis, when 30 drops of the mixture above-mentioned were exhibited to him, when reaction soon followed. M. Willemin was of opinion that the medicine stimulated the nervous centres at a period when their influence was all but suppressed, thus actually preventing the extinction of life.—*Med. Times*, Nov. 4.

Influence of Proper Hygiene on Cholera.—Dr. KOREFE relates the following facts, proving the effect of healthy food, the avoidance of excesses, a regular life, cleanliness, and prompt attention to early symptoms are capable of mitigating the ravages of cholera.

There is a cotton manufactory at St. Petersburg which employs about seven hundred persons. Of these, nearly one half (men and women) were lodged within the bounds of the establishment, fed at a common table, and subjected to a constant surveillance. The other half lived with their families in the town. There was a hospital adjoining the factory for the sick.

Of the larger half living in the factory,

eighty-three were attacked with cholera, of whom five died and eleven were convalescent in the hospital.

Of the three hundred who lodged with their families one hundred and twenty were attacked and forty-four had died.

Cholera in Russia.—In Russia, between the 29th of October, 1846, the period of the commencement of the epidemic, and the 5th of July, 1848, 290,318 persons were attacked with cholera, of whom 116,658 died.—*Gaz. des Hôpitaux*, Sept. 19, 1848.

Progress of Cholera.—Berlin, Oct. 12.—The disease has spread less this time than it did in other epidemics, but the mortality has been as great. At least two-thirds of the patients perished.

From the 27th of July to the 11th of October, the numbers have been as follows:—

Number of cases	2009
Deaths	1262
Recoveries	472
Now under treatment	275

Amsterdam, Oct. 14.—The news of the cholera having broken out here is confirmed. Seven cases have been reported at the general hospital, and four patients died. More than fifteen cases had taken place in the town. The government are very active in their measures to prevent mortality from the disease.—*L'Union Médicale*.

Hamburgh.—The official reports state that up to the 9th instant the total number of persons attacked was 2,229, of whom 1,043 had up to that day fallen victims; that 411 remained under treatment, and 775 had been cured. The information from Lubeck, where the pestilence had broken out, was unfavourable; it was rapidly increasing.

Turkey.—The accounts received from Constantinople by the last mail, announce that the cholera is gaining ground, the daily mortality averaging nearly 200. The bazaars are nearly deserted; business is very dull, especially among the cotton merchants. It raged with great violence at Smyrna, where the mortality exceeded a hundred daily; at Magnesia, Trebizond, Boursa or Broussa, and Konieh, where its ravages were frightful. The population is estimated at about 30,000, and the town is built almost entirely of wretched mud huts. Here, it is said, in five days, nearly 4,000 fell victims to its attacks. Sivas, the ancient Sebaste, was nearly exempt from it, but Rhodes and Cy-

prus appear to have been visited severely; for at Nicosia, the population of which is about 3,000, the deaths exceeded 80 per diem.

Greece.—Athens appears to have escaped a visitation of cholera, but ague and dysentery prevailed when we received intelligence by the last mail. Tripolozza, noted for its gloominess and bad climate, had a few cases of diarrhœa and sporadic cholera; but at the time of the departure of the mail from Athens, no intelligence of any fatal cases had been received. At Skiathos, out of 140 attacked, only 64 had died.

Syria and Palestine.—Aleppo, Antioch, Tripoli, Latakia, Homo, Hamah, Beyrout, Sidon, Damascus, and Scanderoon, have been visited with unusual violence by the epidemic. At Damascus, the deaths are reported as varying from 500 to 600 daily. Aleppo averages 150; Antioch about 50 daily. However, it appears to be on the decrease.

Malta.—There were only two cases at Malta when the mail left on the 18th inst. They were not severe.

Cholera at Smyrna has quite disappeared. The mortality has been to the extent of nearly two-thirds of those attacked, and is as under:—

	Attacked.	Died.
Ottomans	1,642	1,212
Jews	716	303
Greeks	546	429
Catholics	182	145
Armenians	126	105
Grand total . . .	3,212	2,194

The Hague.—In the cholera hospital at this place, 44 patients have been received; of these 18 have died, three have recovered, and the remainder are still under treatment.

Scotland.—Up to the evening of the 7th Nov., 468 cases had been reported; deaths 243; recoveries 54. On the 8th 27 cases were reported, 24 deaths and 2 recoveries.

London.—The number of cases reported as having occurred in London and its vicinity on the 8th of Nov. was 11, deaths 3, recoveries 2.

Woolwich, Oct. 15.—The disease still continues on board the *Justitia* convict-ship, opposite the Royal arsenal, the number reported up to 12 o'clock on Saturday being 28 attacked since the commencement, there being 3 new cases in the Saturday's report and one death, making in all 6 deaths.

There were 3 new cases reported up to 12 o'clock to-day, making a total of 31 attacked, 6 deaths, and 5 recovered. The others are not yet considered to be out of danger. Fortunately there has not been a single case recorded by any of the medical practitioners in the town and parish, and not the least symptoms of the cholera on board the *Warrior* convict-ship, opposite the dockyard, although the food, confinement, and general regulations of both the convict-ships are the same. The peculiarity of the disease being so exclusively confined to one vessel induced us to ask if it was more severe in one part of the hulk than the other, and the reply was, that the whole of the cases originated in the lower deck, on the starboard side and stern of the *Justitia*; that part being exactly opposite the mouth of a sewer, which empties itself into the Thames.

Oct. 16.—There have been 4 new cases since 12 o'clock yesterday, making in all 35 cases of attack. There has been one death to-day, and, the names of those who died of cholera having been returned, it appears that eight have died of the disease.

Cholera in Edinburgh in 1832 and 1848.—It is generally supposed that the present visitation of cholera is spreading much more slowly over this city than the former epidemic did. How far this is from being the case, the following statement will show:—The first return of the Board of Health in 1832 is dated the 22d of February, up to which time five cases had occurred. On the 24th of March, more than a month after, the total number reported was only 42. On the present occasion, the first case occurred on the 4th of October. Since then there have been, in twenty days only, in Edinburgh alone, 80 cases. Nor does the severity of the disease appear to have diminished. Of the 80 cases, 55, or more than two-thirds, have already proved fatal; while of the 42 of the first month of the last epidemic, 22, or about one-half, died. In 1832, the reports terminated on the 16th of December, there having been no new cases for some days previously; so that the disease remained about 11 months. The largest number attacked on any one day was towards the close of the epidemic, viz., on the 4th of October, when 45 new cases occurred, there having been 44 on the previous day, after which the daily attacks fell

to their usual average of 6 or 8. The whole number attacked, up to the 16th of December, was 1,886, of whom 1,065 died.

The Cholera.—We extract from a communication addressed to *L'Union Médicale* by a French physician practising in Russia, the following passages:—"The persons who, during the reign of the epidemic, experienced no attack of the disease, were, however, not exempt from a feeling of uneasiness; they complained of lassitude, lowness of spirits, tightness over the epigastrium, slow digestion, and peculiar borborygmi, which differed from the usual ones by their sound and regularity. The cattle looked very dull, lost their appetite, and more deaths than usual occurred among them. Plants lost their freshness and bloom, but regained both when the epidemic declined. . . . Physicians pay here much attention to prophylactic means; all articles of food difficult of digestion are proscribed—among them may be named fat substances, raw fruits, green vegetables, &c. They particularly advise to eschew salt meat, sausages, &c. People in Russia call in a medical attendant the moment their digestion is in any way disturbed, or the slightest threatening of looseness appears. Opinions concerning the treatment are not more settled than they were in 1830; the writer gives calomel the preference, either alone or combined with ipecacuanha and opium. He gives in the intervals an emulsion made with the oil of peppermint and the infusion of ipecacuanha. (Puchelt.) The epidemic will probably decline during the winter, and regain energy in the spring. I have had to treat 76 cases in all; of these I lost 36."—*Lancet*, Oct. 14.

Fraud in Ink.—A pale ink has lately been made, into which iodine enters; this ink entirely disappears after a few days, without leaving a trace. It is said that several persons have been swindled by accepting documents written with that ink.

Medical Schools in Russia.—The medical schools of Russia are carried on in a grand and becoming manner, and they are plentifully supplied in every respect. The studies must extend over five years, each year beginning in August, and terminating in June. The whole of May is given up to examinations; all the courses last the full year, and

every student is obliged to attend them, irrespective of the peculiar branch of medical science he may wish to study. There are six *censures*, or examinations. If the candidate do not give satisfaction with the first three, he is put back for one year; but when he has creditably passed five, he obtains his doctor's degree. The sixth is only attempted by those who are looking for state appointments. The fourth and fifth years are especially dedicated to clinical instruction; after which, the young men may settle in any part of the empire.—*Lancet*, Oct. 7, 1848.

Medical Profession in Paris.—It is stated in one of the Journals that Dr. Chomel, who has so extensive a practice, was an entire day, lately, without a single patient to visit; and that M. Marjolin, who ordinarily coins money during his hours of consultation, has not received, on an average, four dollars a day during the last month. This may furnish some idea of the state of distress of practitioners of less note.

TO READERS AND CORRESPONDENTS.

In the Library department of the next volume of this Journal will be continued and completed the admirable lectures of Dr. West on the Diseases of Infancy and Childhood. The course consists of thirty-nine lectures, and embodies the results of observations made in the Children's Infirmary, in which nearly 14,000 children have been brought under the author's notice during the last nine years. Of these Dr. West has kept accurate notes of 600 cases as well as of the results of 180 dissections.

The last part of Todd and Bowman's *Physiological Anatomy* is announced to be in press in London; it will be republished in this country without delay.

The attention of the profession, as well as of the public, is now strongly attracted to the epidemic cholera, which is steadily advancing westward. We shall make every effort to furnish our readers with early and correct information relative to its progress, and the most successful modes of treatment, as well as respecting the hygienic measures most effectual for warding off its attack or mitigating its violence.

* * Subscribers wishing the *News and Library* continued to them are requested to make their remittances early, as in no case will it be sent to them unless the terms (*payment in advance*) are complied with.

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